

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC  
United States Bankruptcy Court for the: Southern District of New York  
Case number (if known): 22-11672 (State)

☒ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>2,006,116.54</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>2,006,116.54</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>431,909.84</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....	\$ <u>1,165.00</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....	+\$ <u>1,301,158.00</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>1,734,232.84</u>

## Fill in this information to identify the case:

Debtor name Med Bar, LLCUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 22-11672☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

## Current value of debtor's interest

## 2. Cash on hand

\$ 0.00

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. 1st Source Bank	Checking	_____	\$ 1,300.00
3.2. _____	_____	_____	\$ _____

## 4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

## 5. Total of Part 1

\$ 1,300.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

## Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 47,850.00 - 0.00 = ..... → \$ 47,850.00  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 1,576,036.54 - 0.00 = ..... → \$ 1,576,036.54  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 1,623,886.54

**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

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**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

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33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			
	\$ _____	_____	\$ _____
40. <b>Office fixtures</b>			
	\$ _____	_____	\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Misc office equipment and supplies: computer equipment, 40+ cases of protective equipment (gloves, M95 masks, gowns etc.)	\$ _____	_____	\$ Unknown
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

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**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
	\$ _____	_____	\$ _____
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ _____

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

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**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
<b>56. Total of Part 9.</b> Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
<b>57. Is a depreciation schedule available for any of the property listed in Part 9?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>58. Has any of the property listed in Part 9 been appraised by a professional within the last year?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>60. Patents, copyrights, trademarks, and trade secrets</b> _____	\$ _____	_____	\$ _____
<b>61. Internet domain names and websites</b> medbar.com	\$ _____	_____	Unknown \$ _____
<b>62. Licenses, franchises, and royalties</b> Covid testing license	\$ _____	_____	0.00 \$ _____
<b>63. Customer lists, mailing lists, or other compilations</b> Customer lists	\$ _____	_____	Unknown \$ _____
<b>64. Other intangibles, or intellectual property</b> Medbar mark and Covid 360 mark U.S. Appl serial no. 97269261 an	\$ _____	_____	Unknown \$ _____
<b>65. Goodwill</b> Goodwill	\$ _____	_____	Unknown \$ _____
<b>66. Total of Part 10.</b> Add lines 60 through 65. Copy the total to line 89.			0.00 \$ _____

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Counterclaim against Green Point RX \$ 380,930.00

**Nature of claim** Breach of contract etc.

**Amount requested** \$ 380,930.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_

**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 380,930.00
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79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes



**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 1,300.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 1,623,886.54	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> . . . . . →		\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 380,930.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. . . . . 91a.	\$ 2,006,116.54	+ 91b. \$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. . . . .	2,006,116.54	\$ 2,006,116.54

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC  
 United States Bankruptcy Court for the: Southern District of New York  
 Case number (if known): 22-11672

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Creditor's name</b> Fora Financial Advance LLC  <b>Creditor's mailing address</b> 519 Eighth Avenue, 11th Floor New York, NY 10018  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor,  	<b>Describe debtor's property that is subject to a lien</b> Accounts Receivable   <b>Describe the lien</b> Agreement you made  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 431,909.84	\$ 1,623,886.54
<b>2.2</b>	<b>Creditor's name</b>  <b>Creditor's mailing address</b>   <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____	<b>Describe debtor's property that is subject to a lien</b>    <b>Describe the lien</b>   <b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		\$ 431,909.84		

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

[illegible]

**Fill in this information to identify the case:**

Debtor Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number 22-11672  
(If known)

☒ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1 Priority creditor's name and mailing address**

Abdelkhalek, Ahmed  
10285 Sleepy Brook Way  
Boca Raton, FL, 33428

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Total claim

Priority amount

**2.2 Priority creditor's name and mailing address**

Abuanzeh, Omar  
5 Colwell Ave #7  
Lowell, MA, 01852

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

**2.3 Priority creditor's name and mailing address**

Alzyod, Yousef  
35 Imrie St  
Randolph, MA, 02368

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 4 )

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Basis for the claim:  
Wages, Salaries, Commissions

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

Delaware Division of Revenue  
Carvel State Office Building  
820 N. French Street 8th Floor  
Wilmington, DE, 19801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

2.5 Priority creditor's name and mailing address

Internal Revenue Service  
Dept of Treasury PO Box 7346  
Bryn Mawr, PA, 19010

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ Unknown

\$

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

2.6 Priority creditor's name and mailing address

Lefebvre, Todd  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$ 0.00

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

2.7 Priority creditor's name and mailing address

Lefebvre, Margaret  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

\$

Date or dates debt was incurred

Basis for the claim:

Wages, Salaries, Commissions

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.8 Priority creditor's name and mailing address

\$0.00

\$

Lefebvre, Ireland  
4 Hillside Ave  
Milford, MA, 01757

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.9 Priority creditor's name and mailing address

\$Unknown

\$

NYS Department of Taxation and Finance  
Bankruptcy Section PO Box 5300

Albany, NY, 12205

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.10 Priority creditor's name and mailing address

\$Unknown

\$

New York City Dept of Finance  
1 Center Street  
New York, NY, 10007

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.11 Priority creditor's name and mailing address

\$Unknown

\$

New York State Dept of Taxation and Finance  
PO Box 15172  
Albany, NY, 12212

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>12</sup> Priority creditor's name and mailing address

\$0.00

\$

Omar, Atef  
81 Rockaway Ave #24  
Weymouth, MA, 02188

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>13</sup> Priority creditor's name and mailing address

\$Unknown

\$

Sadej, Aleksandra  
15 Bridge Park Drive  
14G  
Brooklyn, NY, 11201

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>14</sup> Priority creditor's name and mailing address

\$Unknown

\$

Sadej, Ewa  
2 Gold Street  
16F  
New York, NY, 10038

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. <sup>15</sup> Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$1,165.00

\$

State of Delaware  
Division of Corporations  
PO Box 5509  
Binghamton, NY, 13902-5509

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Taxes & Other Government Units

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

- ☒ No  
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. <sup>16</sup> Priority creditor's name and mailing address

\$ Unknown

\$

Yair, Ronen  
20 Beech Terrace  
Millburn, NJ, 07041

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number

Wages, Salaries, Commissions

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No  
☐ Yes

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) ( )



**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> Atlas Staffing Services LLC 355 Garfield Rd  Concord, MA, 01742  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 35,000.25
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Aveanna Healthcare c/o Freeman Mathis & Gary, LLP 100 Galleria Parkway, Suite 1600 Atlanta, GA, 30339  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 69,187.00
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> AYTU Bioscience Inc. 373 Inverness Parkway Suite 206 Aurora, CO, 80012  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 10,000.00
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> Bay Rock Self Storage 985 Montague Expressway Milpitas, CA, 95035  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 555.00
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> Colorado VNA LLC 8289 East Lowry Blvd Denver, CO, 80230  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 1,029.00
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> Conta Mundum LLC 2361 Pleasant Hill Road Kissimmee, FL, 34746  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 3,281.67

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address Downtown Pharmacy Inc. 165 William Street New York, NY, 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,050.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address Dr Chrono 328 Gibraltar Dr Sunnyvale, CA, 94089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 129,753.40
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address Dykema Gossett PLLC 400 Renaissance Center Detroit, MI, 48243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,427.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address eLab Quick LLC DBA Quick Health Labs 6926 N University Street Suite F Peoria, IL, 61614	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,598.24
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address Extra Space Storage 2027 83d Street North Bergen, NJ, 07047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address Goodhire 303 Twin Dolphin Dr Suite 600 Redwood City, CA, 94065	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 445.84
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>13</sup>	Nonpriority creditor's name and mailing address Green Point RX Inc. c/o Archer & Greiner PC 1211 Avenue of the Americas Ste 2750 New York, NY, 10036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 286,519.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>14</sup>	Nonpriority creditor's name and mailing address Hireku Inc. dba JazzHR 1501 Reedsdale Street Suite 403 Pittsburgh, PA, 15233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 359.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>15</sup>	Nonpriority creditor's name and mailing address Hubspot Inc. c/o McCarthy Burgess & Wolff 26000 Cannon Road Bedford, OH, 44146	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,890.49
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>16</sup>	Nonpriority creditor's name and mailing address Hyatt Pharmacy PO Box 13337 Milwaukee, WI, 53213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,152.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address IDS Autoshred 1358 Hooper Ave #600 Toms River, NJ, 08753	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 119.76
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>18</sup>	Nonpriority creditor's name and mailing address Informal 4 St Francis Place Apt 1 Brooklyn, NY, 11216	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,125.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>19</sup>	Nonpriority creditor's name and mailing address IStorage 145 North Beacon Street Brighton, MA, 02135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>20</sup>	Nonpriority creditor's name and mailing address JotForm Inc. 4 Embarcadero Center Suite 780 San Francisco, CA, 94111	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,580.90
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>21</sup>	Nonpriority creditor's name and mailing address Judge Technical Staffing PO Box 820120 Philadelphia, PA, 19182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,234.65
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <u>22</u>	Nonpriority creditor's name and mailing address Mandelbaum Barrett 3 Becker Farm Road Suite 105 Roseland, NJ, 07068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,554.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>23</u>	Nonpriority creditor's name and mailing address Michael Perry MD, PA 17115 Journeys End Drive Odessa, FL, 33556	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,125.50
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>24</u>	Nonpriority creditor's name and mailing address Microsoft Corp. One Microsoft Way Redmond, WA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 44.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>25</u>	Nonpriority creditor's name and mailing address Nerfherder Distribution, LLC 3809 S 2d Street Suite B300 Austin, TX, 78704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 129,809.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <u>26</u>	Nonpriority creditor's name and mailing address Now Staffing, Inc. 742 Washington St. Ofc B Braintree, MA, 02184	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 166,929.60
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>27</sup> Nonpriority creditor's name and mailing address Phosphorus Inc. PO Box 4668 PMB29926 New York, NY, 10163	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 31,968.40
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>28</sup> Nonpriority creditor's name and mailing address Redwhale 617 Bunker Lane  Mason, OH, 45040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,887.50
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>29</sup> Nonpriority creditor's name and mailing address Sadej, Ewa 2 Gold Street 16F New York, NY, 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 43,188.67
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>30</sup> Nonpriority creditor's name and mailing address Schein, Henry 135 Duryea Road Melville, NY, 11747	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,500.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		
3. <sup>31</sup> Nonpriority creditor's name and mailing address Sharps Compliance PO Box 679502 Dallas, TX, 75267-9502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 828.64
Date or dates debt was incurred _____ Last 4 digits of account number _____		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address Stamps.com 1990 East Grand Avenue El Segundo, CA, 90245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 97.95
3. <sup>33</sup>	Nonpriority creditor's name and mailing address Talis Biomedical 230 Constitution Dr. Menlo Park, CA, 94025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 260,211.67
3. <sup>34</sup>	Nonpriority creditor's name and mailing address The Bayne Law Group LLC 116 Village Boulevard Suite 235 Chester, NH, 03036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 8,832.00
3. <sup>35</sup>	Nonpriority creditor's name and mailing address United Glass Services 13699 SC Hwy 34 Newberry, SC, 29108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 7,250.00
3. <sup>36</sup>	Nonpriority creditor's name and mailing address Verizon One Verizon Way Mail Code 180WVB Basking Ridge, NJ, 07920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 763.21

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup> Nonpriority creditor's name and mailing address Victoria Health Care 84 Pleasant Street Unit 275 Weymouth, MA, 02190	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 15,000.00
3. <sup>38</sup> Nonpriority creditor's name and mailing address Wren Laboratories 688 East Main Street Branford, CT, 06405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 10,400.00
3. <sup>39</sup> Nonpriority creditor's name and mailing address Zendesk Inc. 989 Market St. San Francisco, CA, 94103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 175.00
3. <sup>40</sup> Nonpriority creditor's name and mailing address ZixCorp Systems, Inc. Dept 41359 PO Box 650823 Dallas, TX, 75265	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 284.16
3. _____ Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes  Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____



Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 1,165.00

5b. Total claims from Part 2

5b.

+

\$ 1,301,158.00

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c.

\$ 1,302,323.00

**Fill in this information to identify the case:**

Debtor name Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 22-11672 Chapter 11

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

**2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.2**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.3**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.4**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.5**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## Fill in this information to identify the case:

Debtor name Med Bar, LLCUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 22-11672☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

## Column 1: Codebtor

## Column 2: Creditor

## Name

## Mailing address

## Name

Check all schedules that apply:

2.1	Ewa Sadej (performance guaranty)	Ewa Sadej (performance guaranty) 2 Gold Street 16F New York, NY 10038	Fora Financial Advance LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	-------------------------------------	--	----------------------------	---

2.2				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--	--	--	--

2.3				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--	--	--	--

2.4				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--	--	--	--

2.5				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
-----	--	--	--	--

2.6				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
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Fill in this information to identify the case and this filing:

Debtor Name Med Bar, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): 22-11672

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

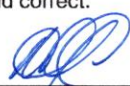
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule \_\_\_\_ E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/23/2023  
MM / DD / YYYY

x

  
Signature of individual signing on behalf of debtor

Ronen Yan  
Printed name

COO + General Counsel  
Position or relationship to debtor